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FACSIMILE COVER SHEET

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JAN 16 2008Deliver to: Madamba, Glenford, USPTOArt Group: 2151Facsimile No.: (571) 273-8300Date: January 16, 2008From: Aslam A. Jaffery, Reg. No. 51,841Our Docket No.: 6570P046Number of pages 18, including this sheet.Application No.: 10/748,951Filing Date: 12/30/2003Docket Due Date(s): 1/16/2008

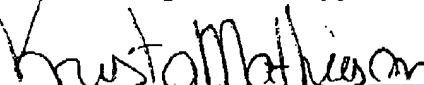
Enclosed are the following documents:

Amendment: Preliminary (13 pgs)
 Appeal Brief (pgs)
 Application: (pgs) w/cover & abstract)
 Assignment & Cover Sheet (pgs)
 Certificate of Facsimile
 Continued Prosecution Application (CPA)
 Declaration & POA (pgs)
 Drawings: sheets, figures
 Extension of Time:
 Fee Transmittal (in duplicate)
 IDS & PTO/SB/08 (pgs)
 Other:

Issue Fee Transmittal
 Notice of Appeal (in duplicate)
 Petition for:
 Request for Continued Examination (RCE)
 Reply Brief (pgs)
 Request & Certification Under 35 USC 122(b)(2)(B)(i)
 Request to Rescind Previous Nonpublication Request
 Response to Notice of Missing Parts & Formalities Letter
 Response to Written Opinion (pgs)
 Terminal Disclaimer
 Transmittal of Publication Fee Due
 Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

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Krista Mathieson

1/16/2008

Date

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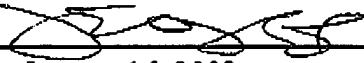
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| | | | |
|--------------------------------------------------------------------------------------------|----|------------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application No. | 10/748,951 |
| | | Filing Date | December 30, 2003 |
| | | First Named Inventor | Gregor K. Frey |
| | | Art Unit | 2151 |
| | | Examiner Name | Madamba, Glenford |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | 6570P046 |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 5px; min-height: 50px; margin-top: 5px;"> Certificate of Facsimile; and - RCE Transmittal </div> | |
| | | Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|-------------------------------------------------------------------------------------|--|--|
| Firm or Individual name | Aslam A. Jaffery, Reg. No. 51,841 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | | |
| Signature |  | | |
| Date | January 16, 2008 | | |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

| | | | |
|-----------------------|-------------------------------------------------------------------------------------|------|------------------|
| Typed or printed name | Krista Mathiesen | | |
| Signature |  | Date | January 16, 2008 |

Based on PTO/SB/21 (10-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 10/09/2007.
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FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

810.00

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/748,951 |
| Filing Date | December 30, 2003 |
| First Named Inventor | Gregor K. Frey |
| Examiner Name | Madamba, Glenford |
| Art Unit | 2151 |
| Attorney Docket No. | 6570P046 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakey, Sokoloff, Taylor & Zaffman LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge fee(s) indicated below, except for the filing fee Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

| | | Extra Claims | | Fee from below | Fee Paid |
|--------------------|----|-----------------|---|-------------------|----------|
| Total Claims | 31 | 33 ^a | = | 0 | \$0.00 |
| Independent Claims | 4 | 4 ^a | = | 0 | \$0.00 |
| Multiple Dependent | | | | | |

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|---------------------------------------------------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 210 | 2201 | 105 | Independent claims in excess of 3 |
| 1203 | 370 | 2203 | 165 | Multiple Dependent claim, if not paid |
| 1204 | 810 | 2204 | 405 | **Resue independent claims over original patent |
| 1205 | 810 | 2205 | 405 | **Resue claims in excess of 20 and over original patent |
| SUBTOTAL (1) | | (\$) | | 0.00 |

^aor number previously paid, if greater, For Resues, see below

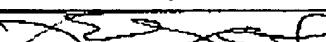
2. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|---------------------|----------|---------------|----------|------------------------------------------------------------------|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 2053 | 130 | 2053 | 130 | Non-English specification | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 460 | 2252 | 230 | Extension for reply within second month | |
| 1253 | 1,050 | 2253 | 525 | Extension for reply within third month | |
| 1254 | 1,640 | 2254 | 820 | Extension for reply within fourth month | |
| 1255 | 2,230 | 2255 | 1,115 | Extension for reply within fifth month | |
| 1401 | 510 | 2401 | 255 | Notice of Appeal | |
| 1402 | 510 | 2402 | 255 | Filing a brief in support of an appeal | |
| 1403 | 1,030 | 2403 | 515 | Request for oral hearing | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 1809 | 810 | 1809 | 405 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 810 | 2810 | 405 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) | | BCE/Eliza Fee | | | |
| | | | | SUBTOTAL (2) | (\$) |
| | | | | | 810.00 |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|-------------------------------------------------------------------------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Aslam A. Jaffery | Registration No. (Attorney/Agent) | 51,841 | Telephone | (303) 740-1980 |
| Signature |  | | | Date | 01/16/08 |

Based on PTO/SB/17 (02-07) as modified by Blakey, Sokoloff, Taylor & Zaffman (wir) 02/28/2007.
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**FEE TRANSMITTAL
for FY 2007**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\\$)** **810.00**

| <i>Complete if Known</i> | |
|--------------------------|-------------------|
| Application Number | 10/748,951 |
| Filing Date | December 30, 2003 |
| First Named Inventor | Gregor K. Frey |
| Examiner Name | Madamba, Glenford |
| Art Unit | 2151 |
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Charge fee(s) indicated below, except for the filing fee Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

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1. EXTRA CLAIM FEES

| | | Extra Claims | Fee from below | Fee Paid |
|-----------------------|----|-----------------|-------------------|----------|
| Total Claims | 31 | 33* = 0 | X 50.00 | = \$0.00 |
| Independent Claims | 4 | 4* = 0 | X 210.00 | = \$0.00 |
| Multiple Dependent | | | | |

| Large Entity | | Small Entity | | |
|--------------|-----|--------------|-----|-----------------------------------------------------------|
| Fee | Fee | Fee | Fee | Fee Description |
| Code | (S) | Code | (S) | |
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 |
| 1201 | 210 | 2201 | 105 | Independent claims in excess of 3 |
| 1203 | 370 | 2203 | 185 | Multiple Dependent claim, if not paid |
| 1204 | 810 | 2204 | 405 | **Reissue independent claims over original patent |
| 1205 | 810 | 2205 | 405 | **Reissue claims in excess of 20 and over original patent |

*For number previously paid, if any, enter. For Retainer, enter Total.

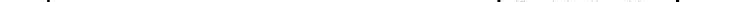
2. ADDITIONAL FEES

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|---------------------------|----------|----------|----------|------------------------------------------------------------|
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| 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |
| 1809 | 810 | 1809 | 405 | Filing a submission after final rejection (37 CFR § 1.12) |
| 1810 | 910 | 2810 | 405 | For each additional invention to be examined (37 CFR 1.12) |
| Other fee (specify) _____ | | | | |

Fee Paid

SUBMITTED BY

| | | | | | |
|-------------------|--------------------------------------------------------------------------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Aslam A. Jaffery | Registration No. (Attorney/Agent) | 51,841 | Telephone | (303) 740-1980 |
| Signature |  | | | Date | 01/16/08 |

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